MIRECC/CESATE Clinical Effectiveness Research

Improving Smoking Quit Rates for Veterans with PTSD:

Integrating Smoking Cessation Treatment into Mental Health Care

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Tobacco Use is Linked to PTSD

- High prevalence of smoking in veterans with PTSD
  - (PTSD = 53% - 66% vs. 30% VA enrollees vs. 23% society)
- PTSD increases risk for smoking four-fold (OR = 4.03)
- More veterans with PTSD are heavy smokers, compared to veterans without PTSD (48% vs. 28%)
- Smoking quit rates for PTSD are half the quit rates of smokers without mental disorder (23% vs. 50%)

Integrated Care versus the Usual Standard of Care for Smoking Cessation in PTSD

A Randomized Clinical Trial

Primary Objective

To compare the effectiveness of brief Integrated Care (IC) versus VA's Usual Standard of Care (USC) for nicotine dependence in veterans undergoing mental health treatment for PTSD.

Study Design and Eligibility Criteria

- Design:
  - » Two-group randomized, controlled effectiveness trial comparing IC (n = 33) versus USC (n = 33)
- Participants:
  - » Inclusions: PTSD Program outpatients who smoked > 10 cigarettes per day
  - » Exclusions: unstable psychosis or BPD, untreated substance dependence, smokeless tobacco

Subject Characteristics- Demographics

53 Years Old	87% War Zone Trauma Exposed
82% Male	83% Unemployed
86% White	83% Receiving VA Disability
50% Married	59% Disability for PTSD (Median: 100%)

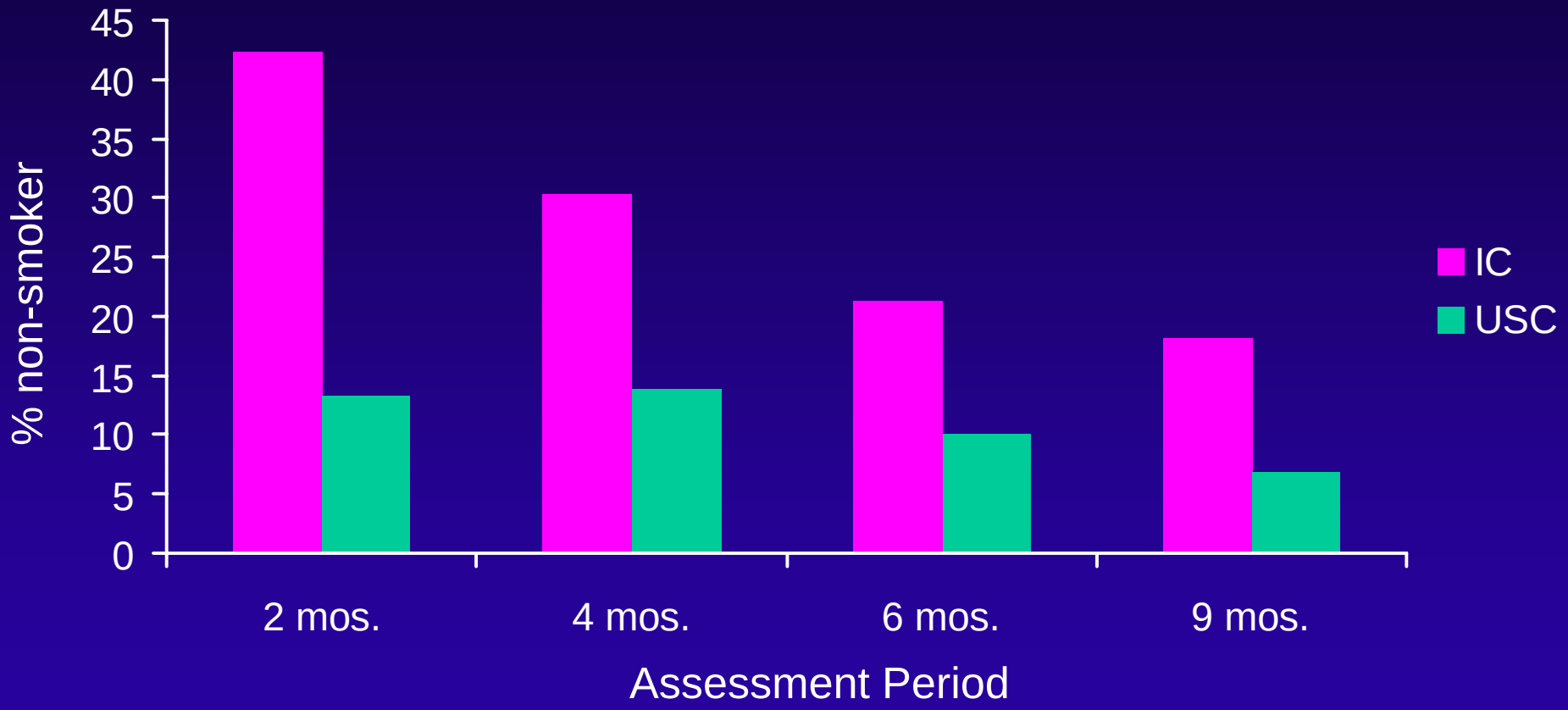
Integrated Care: Components of Brief Clinical Intervention

- Behavioral Counseling (the PHS “5 A’s”)
  - » Six weekly sessions (20 minutes each) plus discretionary follow-up visits.
- Pharmacotherapy
- Self-help readings
- Relapse prevention/recovery and maintenance

Integrated Care: Clinic Implementation and Monitoring Strategy

- Initial training and ongoing supervision
- Manualized procedures
- Charting template
- Case review and team-based problem solving for relapsers, rolled into weekly staff meeting
- Provider feedback of smoking status
- Regular team feedback about project outcomes
- “Clinical champion” to promote the project

Clinical Outcomes:
7-Day Point Prevalence for Non-Smoking Status (n=66)



GEE Analysis Results: Odds Ratio = 5.23, $\underline{p} < .0014$

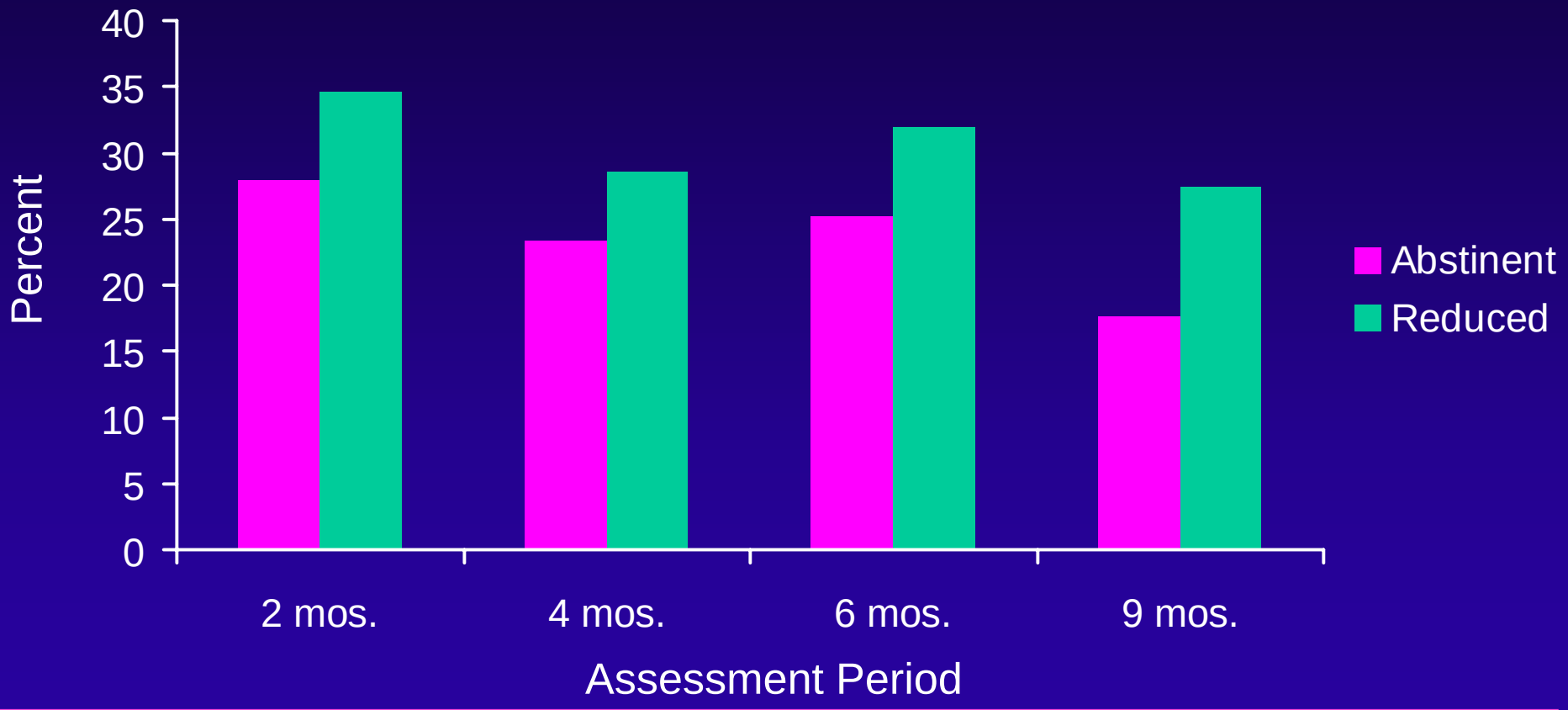
Clinical Outcomes
Process Variables

Variable	***IC***	***USC***
Bupropion SR	61%	48%
Transdermal Nicotine*	94%	67%
Nicotine Gum*	88%	42%
Treatment Sessions*	5.2	2.6
Quit Attempts	4.29	3.25
Satisfaction with Amount of Treatment*	3.9 (1-5 scale)	3.5
Satisfaction with Quality of Treatment*	3.7 (1-5 scale)	3.4

Practice-Based IC for Smoking Cessation:

An Open Clinical Trial

7-Day Point Prevalence Abstinence and Percent Reduction for Continued Smokers (n = 107)



Repeated Point Prevalence Abstinence (Months 4, 6, and 9) for Both Studies

Condition	Randomized Trial (n = 66)	Open Trial (n = 107)
Integrated Care	15.2%	15.0%
Standard Care	3.3%	

Prediction of Prolonged Abstinence (n=140)

- **Greater number of treatment sessions**

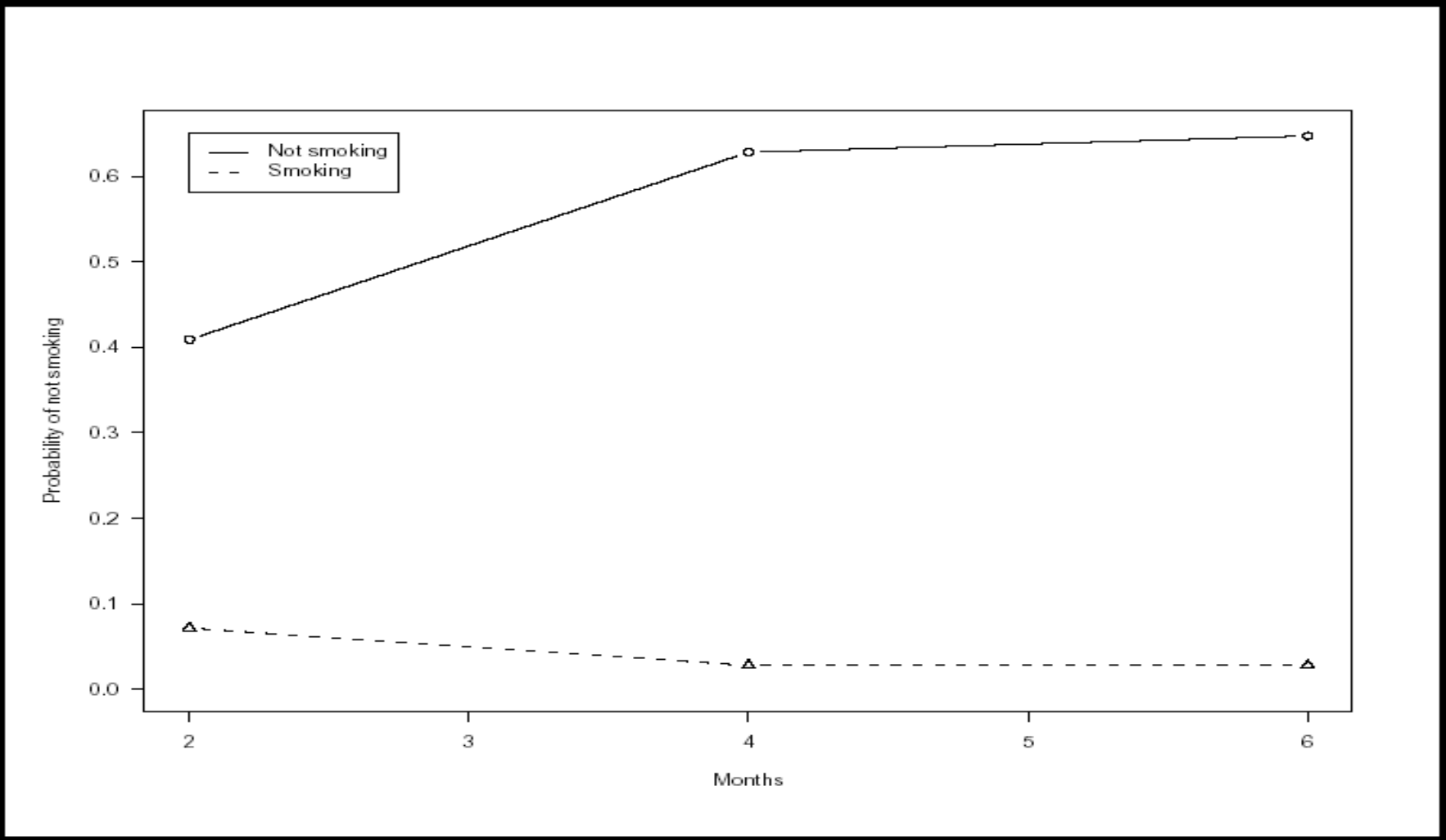
  (6 vs. 3 [OR=3.59, 95% CI=1.49, 8.62])

- **Pre-treatment episode of abstinence > 6 months**

  (OR=5.44 [95% CI = 1.71, 17.35])

- **Lower Fagerstrom score at sessions $\underline{\geq}$ 5**

Probability of Not Smoking at Month 9 Given Earlier Smoking vs. Non-Smoking Status (n = 140)



Conclusions from Preliminary Work

- It is feasible to incorporate guideline-based smoking cessation treatment into routine delivery of mental health care for PTSD
- Integrating treatment of nicotine dependence is more effective than the usual standard of VA care within the VAPSHCS, for PTSD patients
- IC was a better vehicle than USC for for delivering cessation treatments of sufficient intensity, which may explain the superior results of IC

Implications and Future Directions

- Conduct a multi-site clinical effectiveness trial of IC versus USC (CSP #519)
- Determine whether IC is more cost-effective than USC
- Identify models of collaborative care involving IC + USC (e.g., stepped-care or combined care)
- Test whether IC can be successfully extended to general mental health clinics and patients with other psychiatric disorders